

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/706 519-Conf. #1737
		Filing Date	November 9, 2000
		First Named Inventor	Satoru NIPPA
		Examiner Name	C. E. Shosho
		Art Unit	1714
TOTAL AMOUNT OF PAYMENT		(\$)	1,020.00
		Attorney Docket No.	2185-0480P

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES					
Fee Description	Fee (\$)	Small Entity Fee (\$)			
Each claim over 20 (including Reissues)	50	25			
Each independent claim over 3 (including Reissues)	200	100			
Multiple dependent claims	160	180			
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Total Claims _____ HP = highest number of total claims paid for, if greater than 20. </td> <td style="width: 33%;"> Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3. </td> <td style="width: 33%;"> Fee (\$) _____ Fee Paid (\$) _____ </td> </tr> </table>			Total Claims _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____ Fee Paid (\$) _____
Total Claims _____ HP = highest number of total claims paid for, if greater than 20.	Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____ Fee Paid (\$) _____			
<table style="width: 100%;"> <tr> <td style="width: 33%;"> Indep. Claims _____ HP = highest number of independent claims paid for, if greater than 3. </td> <td style="width: 33%;"> Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3. </td> <td style="width: 33%;"> Fee (\$) _____ Fee Paid (\$) _____ </td> </tr> </table>			Indep. Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____ Fee Paid (\$) _____
Indep. Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Extra Claims _____ HP = highest number of independent claims paid for, if greater than 3.	Fee (\$) _____ Fee Paid (\$) _____			

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				
4. OTHER FEE(S)				
Non-English Specification: \$130 fee (no small entity discount)				Fees Paid (\$):
Other (e.g., late filing surcharge): 1253 Extension for response within third month				1,020.00

SUBMITTED BY		Registration No.		Telephone	
Signature:		32,881		(703) 205-8000	
Name (Print/Type): John W. Bailey		Date:		June 12, 2007	